

## CLAIMS PROCESSING PROCEDURES

SECTION	SUBJECT
<b>1</b>	<b>GENERAL</b>
	1.0. Purpose
	2.0. Who May File A Claim
	3.0. TRICARE Claim Forms
	4.0. Claims Receipt And Control
<b>2</b>	<b>JURISDICTION</b>
	1.0. Prime Enrollees
	2.0. All Other TRICARE Beneficiaries
	3.0. Supplying Out-Of-Area Provider Information
	4.0. Out-of-Jurisdiction Claims
	5.0. Non-TRICARE Claims
<b>3</b>	<b>CLAIMS FILING DEADLINE</b>
	1.0. Time Limitations on Filing TRICARE Claims
	2.0. Exceptions To Filing Deadline
	3.0. Time Limitations For Exceptions
<b>4</b>	<b>SIGNATURE REQUIREMENTS</b>
	1.0. Beneficiary, Spouse, Parent Or Guardian Signature
	2.0. Privacy Act Requirements Custodial/Noncustodial Parent
	3.0. Beneficiary Is Under 18 Years Of Age
	4.0. Beneficiary Is 18 Years Of Age Or Older (Incompetent Or Incapable)
	5.0. Beneficiary Deceased
	6.0. Beneficiary Signature On File
	7.0. Unacceptable Signatures
	8.0. Beneficiary Signature Waiver
	9.0. Network Provider Signature
	10.0. Non-Network Provider signature
<b>5</b>	<b>REFERRALS/PREAUTHORIZATIONS/AUTHORIZATIONS</b>
	1.0. Referrals
	2.0. Preauthorizations/ Authorizations
	3.0. Failure To Comply With Preauthorization - Payment Reduction
	4.0. Psychiatric Residential Treatment Centers
	5.0. Former Spouse With Pre-Existing Condition
	6.0. Grandfathered Custodial Care Cases
	7.0. <i>Interim Referral And Authorization Process</i>

SECTION	SUBJECT
<b>6</b>	<b>CLAIM DEVELOPMENT</b> 1.0. General 2.0. Agreement To Participate 3.0. Claims For Certain Ancillary Services 4.0. V Codes 5.0. Individual Provider Services 6.0. Undeliverable/Returned Mail 7.0. TRICARE Encounter Data Detail Line Item - Combined Charges 8.0. Claims Splitting 9.0. Provider Numbers
<b>7</b>	<b>APPLICATION OF DEDUCTIBLE AND COST-SHARING</b> 1.0. DEERS Catastrophic Cap <i>And Deductible</i> Data (CCDD) 2.0. Claim Order For Applying Deductible 3.0. Deductible Documentation 4.0. Audit Trail And History File 5.0. Adjustments And Recoupments
<b>8</b>	<b>EXPLANATION OF BENEFITS (EOBs)</b> 1.0. Beneficiary, Parent/Guardian 2.0. Non-Participating Provider 3.0. Participating Providers 4.0. State Medicaid Agency 5.0. EOB Issuance Exceptions 6.0. Procedures For Informing The Beneficiary Of Claim Action 7.0. Payment To The Provider Or Beneficiary Is 99 Cents Or Less 8.0. EOB Format 9.0. Reverse Of The EOB Form
<b>9</b>	<b>DUPLICATE PAYMENT PREVENTION</b> 1.0. Automated Duplicate Checking - Individual Providers 2.0. Automated Duplicate Checking - Institutional Providers 3.0. Manual Duplicate Checking (Clerical Review) 4.0. Place Of Service/Type Of Service Categories
<b>ADDENDUM A</b>	<b>FIGURES</b> FIGURE 8-A-1 DD Form 2642 FIGURE 8-A-2 Provider's Notarized Facsimile Or Stamp Signature Authorization FIGURE 8-A-3 Provider's Notarized Signature Authorization FIGURE 8-A-4 Abortion Denial Notice To The Beneficiary And Participating Provider